

FORM **4379B** (REV. 09-2008)

State Agency		

STATE AGENCY							
Name of State Agency:							
Street:							
City:		State:	Zip Cod	de:			
		·					
ON-LINE NO TAX DUE ACCESS							
Effective January 1, 2009 the possessi 143.265.RSMo, (withholding tax) or se license required for conducting any but determine if a business has "no tax duline system is strictly confidential according to the performance of their official duties.	ctions 144.010 to 144.510, R siness where goods are sold e" without requiring a certifica rding to Section 32.057, RSM	SMo, (sales tax) shall be po at retail. Through the On-Li ate to be issued by the Depa lo. Persons authorized to a	rerequisite to issuance ine No Tax Due Syste artment. The informat	e or renewal of any state em, a state agency may ion obtained from the on-			
I am Requesting Access to the On-Line No Tax Due System							
AUTHORIZED INDIVIDUALS ACCES	SS TO ON-LINE NO TAX DU	IE_					
PRINT NAME:	TITLE:		EFFECTIVE DATE:				
EMAIL ADDRESS:	-						
SIGNATURE:			DATE://_				
PRINT NAME:	TITLE:		EFFECTIVE DATE:				
EMAIL ADDRESS:							
SIGNATURE:			DATE:/				
PRINT NAME:	TITLE:		EFFECTIVE DATE:				
EMAIL ADDRESS:							
SIGNATURE:			DATE://				
DIVISION DIRECTOR AUTHORIZATI As Division Director, I authorize and here of the Department. We have reviewed an Department of Revenue to which access Print Name:	eby confirm that the individual(snd will comply with Section 32.0						
Title:			Da	ate:			
Signature:			<u> </u>				
Mail completed form to: Missouri De	nartment of Revenue Custon	mar Sanvigae Division P.O.	Roy 3666 Jofferson	City MO 65105 3666			

DATE RECEIVED AGENCY CODE

or fax to: (573) 522-1265.

## REQUEST FOR INFORMATION OF STATE AGENCY LICENSE NO TAX DUE ON-LINE ACCESS

It is important to note that the tax information received is confidential and may only be used according to the provisions of Section 32.057, and Section 144.083, RSMo.

To receive this tax information, the appropriate authorized Division Director of your agency must complete and sign the Missouri Department of Revenue Form 4379B. You must identify each person authorized to receive this information. If the person authorized to receive this information changes, complete a new form. If more than three persons will be authorized to receive reports, please submit an attachment with the required information.

Each state agency must complete this form each year to renew passwords and maintain access to the online license no tax due system.

In order to ensure that your request will be processed in time for your renewal, mail or fax the completed form one month before you would like to receive the information and have the Department of Revenue notify delinquent taxpayers. If this form is not properly completed, we will return it for the additional information.

Please return the completed form to the Missouri Department of Revenue, Customer Services Division, P.O. Box 3666, Jefferson City, Missouri 65105-3666 or fax it to (573) 522-1265. If you have questions regarding your request or we may be of other assistance, please contact the Customer Services Division at the above address or call (573) 751-9268.